

## Mississippi State Board of Massage Therapy

## Massage Business Registration

## THE COST IS \$50 AND MUST BE SUBMITTED BY MONEY ORDER OR CASHIER'S CHECK ONLY.

Please read and check one of the following:

If you are the owner of the

business and will be giving the

massage therapist a 1099 or W-2,

then you will need to fill out this

If you are a massage therapist

and will be paying rent, then you

need to fill out this form as the

owner and sole proprietor.

If you own the business and are

renting a room to a massage therapist,

then you are only the landlord/building owner and **do not** 

massage	be filling out this form. The therapist will need to fill out form as the owner and sole proprietor.	form. The massage thera employee (W-2) or an in contractor (1099), and entity has the right to contract of the work, not we it will be done	ndependent the hiring control the what or how	
1	Business name			
2	Physical address of establicity, county, state and zip	shment, including		
3	Mailing address of establis county, state and zip	shment, including city,		
4	Business phone			
5	Business fax			
6	Business website			

Business owner – does not have to be a licensed Massage therapist, but if so, include LMT #

8	Business owner's email address	
9	Business manager, if different from owner –	
	does not have to be a licensed massage	
	therapist, but if so, include LMT #	
10	Business manager's email address	
11	Mailing address of business owner, including	
	city, county, state and zip	
12	Federal Tax Identification Number (if	
	corporation, partnership, joint venture,	
	professional association, sole proprietor or	
	LLC); also name officers, if applicable	
13	Is business located in the city limits?	
14	Provide the Business Permit	
1.5	Number provided by the City or the County	
15	Provide the expiration date of the	
1.0	Business Permit provided by the City or County	
16	Original date establishment opened business for massage services	
17	Do you own or rent the	
1 /	building where massage	
	services are provided?	
18	If you do not own and rent the	
	space, provide the name of	
	the building owner / landlord	
19	Provide the contact's name of	
	the owner / landlord	
20	Provide the contact phone	
	number of the owner / landlord	
21	Provide the email address of	
	the owner / landlord	
22	Does the business, business owner, or business	
	manager operate outside the US?	
23	Who is responsible for advertising	
	massage services at the establishment, including,	
	but not limited to LMT numbers on all	
	advertising such as Facebook, Instagram, brochures and business cards?	
24	Who is responsible for client records, including,	
∠4	but not limited to history/intake forms and	
	client release forms, SOAP notes, appointment	
	book, and client evaluations?	
	ooon, and onone evaluations:	

25	LIST ALL MASSAGE THERAP	ISTS THAT WORK IN YOU	R BUSINESS			
	NAME	LICENSE #	EXPIRATION	E *	IC*	SP*
		<u> </u>				
E =	Employee; IC = Independe	ent Contractor; $SP = Sc$	le Proprietor			
26	IF THERE ANY ADDITIONAL	INFORMATION WHICH YO	OU WOULD LIKE	TO DI	SCLO	SE TC
	REGARDING THIS MASSAGE	BUSINESS? IF SO, PLEASE	PROVIDE DETA	IL.		
	I affirm that any and all the	e information provided b	selow is true an	d acci	ırate	
1	Further, I understand that it is	*				<b>N</b> G
]	runner, i understand that it i	• •	eep uns record	up to	uate a	18
	NT	required by law.				
	Name:	Date:_				
	~.					
	Signature:					